

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

DR. GOOD

13834

State File No. _____

388-A

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>388-A</u>	
1. PLACE OF DEATH a. COUNTY <u>GREENE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. CITY (If outside corporate limits, write RURAL and give township) <u>SPRINGFIELD</u> c. LENGTH OF STAY (In this place) <u>LIFE</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>SPRINGFIELD</u>				c. CITY (If outside corporate limits, write RURAL and give township) <u>SPRINGFIELD</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>720 E. PAGE</u>				d. STREET ADDRESS (If rural, give location) <u>720 E. PAGE</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>JOHN</u>		b. (Middle) <u>BENJAMIN</u>		c. (Last) <u>APPLEBY</u>	
4. DATE OF DEATH		(Month) <u>APRIL</u>		(Day) <u>14</u>		(Year) <u>1953</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>MAY 1 1878</u>	
9. AGE (In years last birthday) <u>74</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>POSTAL CLERK</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>SPRINGFIELD, MO.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>SAMUEL DANIEL APPLEBY</u>		13b. MOTHER'S MAIDEN NAME <u>SARAH ELIZ. KITE</u>		14. NAME OF HUSBAND OR WIFE <u>ALBERTA APPLEBY</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>ALBERTA APPLEBY</u> ADDRESS <u>SPRINGFIELD, MO.</u>			
18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Artery Thrombosis</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <u>Arteriosclerosis of Heart</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS: <u>None</u> Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION _____			
20. AUTOPSY? <u>YES</u> <input type="checkbox"/> <u>NO</u> <input type="checkbox"/>				21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____			
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____				21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
21f. HOW DID INJURY OCCUR? _____				22. I hereby certify that I attended the deceased from <u>July 25, 1952</u> , to <u>April 14, 1953</u> , that I last saw the deceased alive on <u>Dec 15, 1952</u> , and that death occurred at <u>6 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>James T. Apple</u>				23b. ADDRESS <u>Springfield, Mo.</u>			
23c. DATE SIGNED <u>4-16-53</u>				24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>			
24b. DATE <u>4/17/53</u>				24c. NAME OF CEMETERY OR CREMATORY <u>MAPLE PARK</u>			
24d. LOCATION (City, town, or county) (State) <u>SPRINGFIELD, missouri</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>H.H. LOHMEYER</u> ADDRESS <u>SPRINGFIELD, MO.</u>			
DATE REC'D BY LOCAL REG. <u>4-22-53</u>				REGISTRAR'S SIGNATURE <u>Edith Williamson</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 28 1953

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Walter E. Hamilton

Licensed Embalmer No. 3808

P. O. Address SPRINGFIELD, MO.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.